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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/265,440 01/31/2001
 and claims benefit of 60/265,458 01/31/2001
 and claims benefit of 60/270,754 02/22/2001
 and claims benefit of 60/270,755 02/22/2001
 and claims benefit of 60/276,631 03/16/2001
 and claims benefit of 60/278,690 03/26/2001
 and claims benefit of 60/289,214 05/07/2001

OK

**** FOREIGN APPLICATIONS *******

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

**** 02/26/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY RI	SHEETS DRAWING 6	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

29683

HARRINGTON & SMITH, LLP

4 RESEARCH DRIVE

SHELTON, CT

06484-6212

TITLE

Contrast enhancing marking system for application of unobtrusive identification and other markings

☐ All Fees

<p>FILING FEE RECEIVED 819</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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